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ABSTRACT

A companion to a January 1993 nationwide teleconference entitled "A Nation's Challenge: Educating Substance-Exposed Children" and organized by the Florida Department of Education, this booklet provides educators with information and research on effective strategies for working with children affected by alcohol and other drugs. It also provides guidelines for developing and implementing a school or community action plan to deal with this problem. The three main sections of the booklet provide: (1) profiles of eight innovative intervention programs at the school district and community level; (2) profiles of five state and national resource organizations that can provide financial and technical support to school or community programs; and (3) an annotated bibliography of articles, books, reports, teaching resources, newsletters, toll-free telephone numbers, clearinghouses, catalogues, videos, and other resources on strategies for working with children affected by alcohol and other drugs. Three appendixes contain listings of the Department of Education's Drug Free Schools state program representatives, members of the teleconference National Resource Group, and teleconference panel members. (MDM)

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Resource Guide for Educators of Children Affected by Alcohol and Other Drugs

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Resource Guide for Educators of Children Affected by Alcohol and Other Drugs

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the Prevention Center, Florida Department of Education
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the U. S. Department of Education

• Fall 1993 •

In conjunction with *A Nation's Challenge: Educating Substance-Exposed Children*,
a national teleconference broadcast January 27, 1993

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Our nation faces a challenge: educating children affected by alcohol and other drugs. This problem is not new, but with the arrival of crack cocaine, the number of children impacted grew at an alarming rate. The media began focusing intensively on the problem, at times misleading the public about the facts of substance exposure and whether or not the children involved would meet their full potential.

Substance exposure begins to affect children at conception. In 1990 it was estimated that over one million children were born exposed to alcohol, cocaine, or other drugs. The term "other drugs" includes prescribed drugs, such as tranquilizers, as well as illegal drugs. During pregnancy, maternal use of these substances places the fetus, and later the child, at risk for a variety of medical, neurological, neurodevelopmental, and behavioral difficulties.[1] The majority of pregnant women who have a drug problem use multiple drugs, including alcohol.[2] Research shows that substance abuse crosses all income levels, educational backgrounds, and racial/ethnic backgrounds.[3]

The fetus is affected by substance exposure in various ways throughout pregnancy. During the first trimester of pregnancy, substance exposure is most likely to cause structural and/or neurological damage.[4] During the second trimester, substance exposure contributes to intrauterine failure to thrive and growth retardation.[5] During the third trimester, substance exposure, particularly to cocaine and heroin, may lead to premature labor and delivery.[6] Prematurity is a major risk factor for developmental and learning problems.

Children who have been prenatally exposed to alcohol and other drugs are subject to biological and social risk factors that will influence their eventual intellectual and social outcomes. These factors do not exist in isolation from each other. Social risk factors may exacerbate the biological effects of substance exposure; at about three years of age social factors begin to outweigh the biological factors.[7]

While children prenatally exposed to alcohol or other drugs often spend at least some time within the biological family, subsequent changes in environment can result in inconsistent caregiving, untrained caregivers, and poor attachment.[8] Therefore, these children often enter the school system lacking the prosocial behaviors which are the precursors to learning and successfully interacting with their classmates.

The Florida Department of Education has taken the initiative to provide educators with research and services related to the needs of children affected by alcohol and other drugs. In 1988, Florida's governor appointed a Cocaine Baby Committee to study the impact that high-risk mothers and infants have on the medical, criminal justice, education, and human service systems. The Florida Department of Education played an active role in helping the committee develop recommendations regarding substance-exposed children.

In response to questions posed by educators throughout Florida, its Department of Education developed a *Hot Topics* publication in 1989 entitled ***Cocaine Babies: Florida's Substance-Exposed Children***. This booklet provides educators with information and research on effective strategies for working with children affected by alcohol and other drugs. After disseminating over 8,000 copies internationally and receiving numerous requests from school districts throughout the state, the Department of Education developed a training program for school administrators, teachers, and student service providers. The training video, ***Florida's***

Challenge: A Guide to Educating Substance-Exposed Children, addresses four major topics: medical aspects, the home and community environment, the school and classroom environment, and behaviors and interventions. The video works together with a training manual and workbook in a comprehensive one- to two-day training workshop, and is designed so that an individual teacher or caregiver can work through them independently if a formal training arrangement is not possible.

In 1993, the Florida Department of Education's Prevention Center was awarded funds from the U. S. Department of Education to produce a teleconference utilizing the ***Florida's Challenge*** training video on educating children prenatally or environmentally exposed to alcohol and other drugs. The teleconference, ***A Nation's Challenge: Educating Substance-Exposed Children***, was broadcast on January 27, 1993, and provided information to approximately 20,000 participants at 225 downlink sites throughout the United States. A video of the teleconference is currently being distributed by the U. S. Department of Education, Drug Planning and Outreach staff.

The ***Resource Guide for Educators of Children Affected by Alcohol and Other Drugs*** is a companion to the teleconference. This project was a first-of-its-kind communication tool to be used by educators as they address the needs of children affected by alcohol and other drugs; teleconference participants expressed a need to delve much more deeply into the topic than a three-hour event allowed.

The U. S. Department of Education Drug Planning and Outreach Staff has promoted interaction among professionals in the field, and provided a consistent direction for project work, often utilizing technology to enhance information dissemination. Projects such as ***A Nation's Challenge*** are part of a unified effort to meet the National Educational Goals; this project addresses Goal One, "All children start school ready to learn," and Goal Six, "Schools will be drug and violence free." Bill Modzeleski, Director, Drug Planning and Outreach Staff of the U. S. Department of Education, emphasized during the teleconference that "this is not the end . . . . it is the beginning; cooperative relationships must be built."

Collaboration between educators, parents or caregivers, and other helping professionals was the unifying theme of the teleconference. This Guide contains program profiles that highlight successful ventures at intervening with children born affected by alcohol and other drugs. Also included are lists of the teleconference National Resource Group and panel members. These experts were invaluable to the success and integrity of the teleconference, and continue to be available as resources for educators and others who work with children born affected by alcohol and other drugs.

An extensive nationwide call for information resulted in the resources listed here. In an effort to correspond with the ***A Nation's Challenge*** teleconference, special emphasis has been given to programs and professionals who contributed to the teleconference and received mention during the program. Areas of detail in the Guide do not connote an endorsement, rather indicate what was provided by organizations. When an organization requested that we list an address only, we have done that.

Introduction

The issue of working with children born affected by alcohol and other drugs increasingly influences our ability to educate them effectively; we must ally with our peers by providing support, access to resources, and willingness to grow and change. The producers of this Guide urge you to take full advantage of its resources, and to continue the dialogue already begun. The next section, the *School/Community Team Action Plan*, highlighted by the teleconference, is one tool that educators can use to conceptualize and initiate an integrated approach to the education of children affected by alcohol and other drugs.

Notes

1. Harpring, J. (Ed.). (1990). *Cocaine babies: Florida's substance exposed youth.* Tallahassee: Florida Department of Education.

2. Burkett, G., Yasin, S., and Palow, D. (1990). Perinatal implications of cocaine exposure. *Journal of Reproductive Medicine*, 35(1), 35-42.

3. Vincent, L., Poulsen, M., Cole, C., Woodruff, G., and Griffith, D. (1991). *Born Substance Exposed, Educationally Vulnerable.* Reston, Virginia: Council for Exceptional Children.

4. Oro, A., and Dixon, S. (1987). Fetal and neonatal medicine: Perinatal cocaine and methamphetamine exposure. *Journal of Pediatrics*, 111, 571-578.

5. Burkett, G., Yasin, S., and Palow, D. (1990). Perinatal implications of cocaine exposure. *Journal of Reproductive Medicine*, 35(1), 355-42.

6. Oro, A., and Dixon, S. (1987). Fetal and neonatal medicine: Perinatal cocaine and methamphetamine exposure. *Journal of Pediatrics*, 111, 571-578.

7. Comments by Ira Chasnoff, M.D., in *A Nation's Challenge: Educating Substance-Exposed Children* teleconference, January 27, 1993.

8. Vincent, L. et al. (1991). *Born Substance Exposed, Educationally Vulnerable.* Reston, Virginia: Council for Exceptional Children.

School/Community Team Action Plan

Children that are at risk often live in unhealthy situations—chaos, violence, drug abuse, poverty, and a lack of secure and nurturing relationships leave their mark on young, vulunerable ones. The impact of all this can be devastating, yet research shows that with early intervention these children can be successful.

As the problems faced by children who are at risk due to prenatal and environmental drug exposure are multifaceted, schools face a tremendous challenge to meet all their needs. Consequently the traditional role of the school has been changing. Educators must now connect their efforts with the efforts of others in their school and community, as well as with the families of these children, to provide complete and effective service.

Many schools find they can help their students succeed by developing teams composed of administrators, classroom teachers, student service personnel, and staff from local human service agencies. These teams assess the climate, goals, philosophy, structure, and curriculum of the school in relation to meeting the needs of all the children, particularly those at risk due to developmental difficulty, challenging behaviors, and academic failure. Based on this assessment, the team is able to develop an action plan that will capitalize on strong areas, and bring integrity to areas found to be weak.

A sample action plan has been included in the Guide to assist schools in facilitating change. The action plan is divided into two parts. *Phase I - Laying the Groundwork* can serve as a preliminary step to assist a school/community team in focusing on identification of the problem and development of agreed-upon purpose, philosophy, and mission. *Phase II - Developing a Work Plan* can be used to actually assess the strengths or resources available in solving the problem being addressed, and to identify issues that still need attention. The *School/ Community Team Action Plan* was developed by the Early Intervention Office at Florida A & M University as an element of the teleconference.

For more information contact Nancy Fontaine, Director, Florida A & M University, Early Intervention Office, 812 St. Michael Street, Tallahassee, FL 32301; 904/561-2565, fax 904/561-2567.

PHASE I: Laying the Groundwork

A. List individuals who should be included on the planning team. (Include position, title and agency, organization, school or district affiliation)

Individual	Position	Affiliation

B. Identify the major problem(s) to be addressed by the team within *Phase II - Developing A Work Plan*

C. Identify the target population(s) that are directly or indirectly impacted by the problem.

D. List specific issues that have resulted from the problem.

Issue: _____

Issue: _____

Issue: _____

Issue: _____

Issue: _____

Issue: _____

E. Identify the risk factors of the school, community, families, etc. that contribute to the problem and may act as potential obstacles in solving the problem.

_____

_____

_____

_____

_____

_____

F. Identify the specific factors in the school, community, families, etc. that can contribute to solving the problem and can be used as resources.

_____

_____

_____

_____

_____

_____

G. Describe a team vision for how things will look after the problem is solved. Include a description of how all target populations will be impacted.

H. List suggestions of activities and methods that may assist in actualizing the vision.

PHASE II: ***Developing A Work Plan***

I. Synthesize the previous information into a goal statement with at least five (5) objectives that will assist in meeting the goal.

Goal Statement: _____

School/Community Team Action Plan

Objective 1: _____

Objective 2: _____

Objective 3: _____

Objective 4: _____

Objective 5: _____

J. List resources that will be available/needed to facilitate the objectives.
(Resources should include funding, individuals, materials, events, etc.)

Resources Available	Resources Needed
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.

K. For each objective, list the strategies, timelines, and individuals responsible.
(Make copies as needed)

Objective—

Strategies	Beginning/Ending Dates	Resources Needed	Individuals Responsible

L. Develop strategies for evaluating the action plan to ensure effective facilitation and achievement of the goal, objectives, and strategies.

All of the programs and projects featured in this section except one are included in a report from the U. S. Department of Education, ***Educating Young Children Prenatally Exposed to Drugs and At Risk*** (1993), Office of Comprehensive School Health Education, Shirley A. Jackson, Director. These programs were selected because they are known for their "cutting edge" work in educating drug-exposed children. They contain the best "working knowledge" we have on these children.

Program components common to all of the programs identified include: developmentally appropriate education programs for children; teacher and staff training; parent and caregiver outreach; and multidisciplinary and transagency child and family support teams.

Project DAISY, District of Columbia Public Schools

Project DAISY (Developing Appropriate Intervention Strategies for Young Children) is a 3-year longitudinal intervention project for children ages 3-5 who have been prenatally exposed to illegal drugs or alcohol. The project's primary goal is to identify observable behaviors of prenatally exposed children and to develop intervention strategies to support the inclusion of these children in settings with their nonexposed peers.

Begun in the 1989-90 school year and operational in four schools throughout the District of Columbia, the project serves 60 children in 4 multi-aged, developmentally-appropriate classrooms. The program integrates prenatally-exposed children with their nonexposed peers in a traditional early childhood education setting. Drug-exposed children are documented through birth records or parental disclosure of a history of substance use during the mother's pregnancy. The teacher-student ratio is 2:15. Five students were identified from the DC General Hospital Birth to Three Tracking System as substance-exposed prenatally, and no risk factors have been identified for ten of the students.

DAISY classrooms are designed for children to learn through interaction and exploration. Instructional approaches used include Emergent Literacy, High/Scope, Math Your Way, the Social Curriculum, and an adapted Montessori curriculum. The guiding premise of the instructional curriculum is child-centered. This includes the understanding that the primary work of young children is play, which serves as an indicator of their mental growth and social development.

The project classrooms are supported by a multidisciplinary consultation team comprised of a clinical social worker, speech language pathologist, and a clinical psychologist. These professionals provide support to children in the classroom using a "plug in" versus a "pull out" model, to enhance the concept of full inclusion. The

Project DAISY—

team also provides direct support services (e.g., home visits, monthly school-based parent group meetings) to participating children and their families.

For further information contact Dr. Diane Powell, Project Director, Project DAISY, Early Learning Years Branch, District of Columbia Public Schools, Kenilworth Elementary School, 44th Between Nash/Ord Streets, NE, Washington, DC 20019

> "... our job has to be the guidance of social/emotional development as an integral part of the curriculum."
>
> *- Shirley Jackson, director of the Comprehensive School Health Education Program, U. S. Department of Education.*

Florida A & M University, Early Intervention Office

Established in January 1992, Florida A & M University's Early Intervention Office administers federal and local grant projects that provide services to high-risk children, particularly those that have been prenatally or environmentally exposed to alcohol and other drugs. A primary component of the program is to provide direct services to children and their families.

Prekindergarten and kindergarten classrooms were selected in three diverse school districts in Florida— Orange County, an urban area; Gadsden County; a rural area, and Leon County; the site of the state's capital and a suburban area. Fifteen regular prekindergarten programs in public schools serve a total of 400 students. Approximately 15% of the prekindergarten population have been positively identified as having been prenatally exposed to drugs and post-natally exposed to other risk factors (with the percent rising in regard to environmental exposure). The population includes African-American, Hispanic, and Haitian-Creole. The majority of the program's children are being raised in single parent families.

The skills and needs of children identified as high-risk are assessed and individualized programs are developed to meet those needs. Baseline data collection for the program includes a teacher-rated Vineland Adaptive Behavior Scale, and a parent- and teacher-rated Social Skills Rating System assessment. The program also uses informal observation and assessment, such as play-based and portfolio assessment. Project coordinators train teachers to more successfully manage the classroom, prescriptively assess a child's strengths and needs, facilitate developmentally appropriate curricula, and maintain supportive classroom environments.

Project coordinators work with parents and other family members to help them deal more effectively with their children, and to teach them how to get access to various community resources. All school sites have a school/community intervention team to support the planning and delivery of services to students.

For further information contact Nancy S. Fontaine, Director, Early Intervention Office, 812 St. Michael St. Tallahassee, FL 32301; (904) 561-2565.

Harlem Hospital Center Collaborative Project, New York

The Harlem Hospital Therapeutic Nursery is a preschool program specifically designed to address the educational and emotional needs of a group of children prenatally exposed to drugs, primarily cocaine. The school, established in February 1991, is an outgrowth of the Harlem Hospital Developmental Center, which was established more than 20 years ago to serve preschool children with a variety of medical and nonmedical handicaps. The school program is a collaborative effort between the New York City Public Schools and the Departments of Pediatric Rehabilitation Medicine and Child-Adolescent Psychiatry at Harlem Hospital Center. The program is funded at $150,000 a year by the Katzenbach Grant from the City of New York's Mayor's Office on Drug Abuse Policy.

There is one project site. Fourteen children aged 2-5 are currently enrolled and attend either the morning or afternoon half-day session. Two of the children were not prenatally exposed to alcohol or other drugs. The teacher-pupil ratio is seven children to one master teacher and one support teacher.

Within a secure and accepting environment, program staff work with the children to try and meet their needs through carefully planned and monitored clinical and educational interventions. Teachers design and implement activities that encourage growth across developmental domains, with emphasis on emotional and social development. Due to the pervasive language delay in all the children, specific attention is given to enhancing communication skills.

The program integrates therapeutic and developmentally appropriate early childhood instructional strategies.

> "The danger of labeling, stereotyping, and segregating children because of maternal substance abuse cannot be overemphasized. . . Children will become what their parents and teachers expect them to become."
>
> *- Lisbeth J. Vincent et al., in* **Born Substance Exposed, Educationally Vulnerable**, *1991.*

Harlem Hospital Center Collaborative Project—

Specific approaches which the Harlem Hospital Center Collaborative Project uses include:

- interpreting actions and ideas as a child plays alone or with others;
- engaging children with materials that extend attention and encourage imagination and problem solving;
- developing activities in which children learn to make decisions;
- encouraging dyadic interactions with peers to promote age appropriate relatedness providing opportunities for developing initiative and organizational skills;
- developing connecting activities that allow for children's individual differences in making transitions;
- encouraging social interactions through arrangement of materials; and
- encouraging self-confidence through positive and satisfying experiences.

The program social worker provides the critical link between the families and school and maintains relationships with families when children have entered school age programs.

Scheduled meetings of the multidisciplinary team encourage ongoing communication, program continuity, and evaluation. A working partnership between caregivers and staff is essential to the success of the program.

The staff development component familiarizes prekindergarten and kindergarten teachers from the neighborhood local school district with the educational needs of children prenatally exposed to crack cocaine. These teachers participate in classroom activities in eight-week cycles and attend weekly staff development classes. Initially, the teachers observe the children and begin to identify problem behaviors and/or delayed development. Their focus expands to include the critical nature of social and emotional issues as well as cognitive or preacademic functioning.

Teacher observations are used as a focal point for discussion of relevant topics which include attachment/bonding, strategies for encouraging language development, developing independence, fostering self-esteem, and working with parents.

The Harlem Hospital project uses collaboration among health professionals, preschool and elementary school staff, special and general education staff, and primary caregivers to best serve the needs of the children.

For further information contact Helen Friedlander, Citywide Programs, Division of Special Education, 400 First Avenue, New York, NY 10010; 212/779-7200, ext. 363.

Operation PAR, St. Petersburg, Florida

Operation PAR (Parental Awareness and Responsibility) has developed specialized services for infants and children affected by parental substance abuse, and addresses the needs of mothers of such children as well as substance abusing pregnant women.

In the nearly six years since the original program, several minor changes and two major program restructurings have taken place. Recently PAR has created a strong treatment program for the mothers as well as a developmental day care for the children. The program has a four-level treatment paradigm for the pregnant women and mothers. Services for the women include an intervention group, an outpatient component, a day treatment component, and aftercare services.

PAR's Residential Treatment Center

Prior to opening the PAR Village, Operation PAR noticed a lack of women in residential treatment. A major barrier for women needing treatment was long-term childcare. While in residential treatment, mothers have the advantage of their child participating in a specialized developmental center where activities and treatment are aimed at each individual's needs. The addition of children into residential treatment changes the focus from treating the individual to treating the family together, and serves to keep families joined.

Operation PAR's Therapeutic Community Developmental Center (TCDC) is a licensed therapeutic day care program established to meet the individual needs of children whose mothers are in residential treatment. The majority of the families served by the TCDC are participating in a research project funded by the Center for Substance Abuse Treatment (CSAT). The research for the grant is being conducted by the University of South Florida's Psychiatry Department.

To be eligible to participate in this research program, the mother is assessed to determine if she is an appropriate candidate for long-term treatment. When Florida's Health and Rehabilitative Services Department (HRS) is involved with these families, Operation PAR staff work closely with HRS to ensure support for the children entering the program. A woman is encouraged to enter treatment without her child and, after 30 days, staff meet with her to make a decision whether she is ready (committed and stable) to have her child join her in the residential program.

> "Protective factors that act to strengthen a child's resiliency have to be identified and reinforced..."
>
> *-Nancy Fontaine in "Unveiling the Myths about Substance-Exposed Children,"* **Southeast Sun**, *Spring 1993.*

Operation PAR—

The TCDC is located at PAR Village. Mothers participate in gender-specific treatment programs. The majority of the program's mothers have HRS court orders stating that they must complete treatment in order to keep/regain custody of their child.

At the Developmental Center, staff administer standardized tests, such as the Denver, Scales of Independent Behavior, Bayley, and the NCAST regularly to monitor the development of the children. Test results and staff observations are used to write treatment plans for each child. A developmental pediatrician and psychologist visit the Center regularly to assess the child's special needs. Referrals are made to other agencies for specialized services, such as speech and physical therapy. Mothers are involved in developing treatment plans and goals, including activities for mother and child to do at home. Mothers spend time in the Developmental Center working on their child's treatment plan, learning interventions, and practicing parenting skills. Operation PAR staff adhere to an intensive mother/child interactive model which focuses on improving bonding and the quality of the interactions.

The Developmental Center has a licensed day nursery, and all staff exceed the minimum standards required by the Pinellas County License Board. All staff are trained in first aid and CPR, infant care, child abuse regulations, health and nutrition, and child development.

The Residential Treatment Center is located at 13800 66th Street North, Largo, FL 34641; 813/538-7244.

For further information contact Operation PAR, Administrative Offices, 10901-C Roosevelt Blvd., Suite 1000, St. Petersburg, FL 33716; 813/570-5080

> "Effective intervention must be comprehensive and interdisciplinary. The major aim must be to stabilize the environment and to provide positive interactions whenever possible. All service providers from all disciplines should be urged to work together . . . "
>
> *- Rachelle Tyler in "Prenatal Drug Exposure: An Overview of Associated Problems and Intervention Strategies,* **Phi Delta Kappan**, *May 1992.*

Parent and Child Intervention Program, East Palo Alto, California

Ravenswood is the first school district in California to offer an integrated intervention program for infants and young children prenatally exposed to drugs. The Ravenswood Parent and Child Intervention Program (PCIP) assesses the health, social, and educational needs of these children. Based on the assessed needs, PCIP provides both long- and short-term mediation while providing treatment, support services, and parent education for their mothers.

The program's primary goals are: to provide appropriate early and extended intervention services which increase prenatally drug-exposed children's opportunities for success in school; to provide a comprehensive, structured recovery and parenting program for the substance-abusing mother or guardian; and to expand the base of information and training currently available for teachers.

Based in the Ravenswood City School District's Child Development Center, PCIP currently serves 40-50 infants and toddlers to age 4. The San Mateo County Department of Social Services, Child Protective Services Program, is the primary referral source for the program; however, self-referrals and referrals from other local community agencies are also accepted.

PCIP uses a modified version of the High/ Scope curriculum with preschool children. Children are encouraged to discuss the activities they wish to pursue, and talk about what they have done during a scheduled "recall" time. The teacher acts as a facilitator for extended learning. Besides a head teacher, teaching assistants, and parent volunteers, PCIP staff are supported by a multidisciplinary team comprised of a treatment coordinator, a program director, and a project director. Staff are required to enroll in accredited early childhood education classes at nearby colleges. Parents are required, under the guidance and coaching of the teachers, to work in the classroom with their children. They may also participate in parent support groups in addition to their treatment groups.

Students are assessed upon entering the program as well as on a quarterly basis. The program itself is assessed semiannually, and the results are reported to the Center for Substance Abuse Prevention (CSAP, formerly OSAP).

The Resources for Infant Educators (RIE) philosophy and approach with the infants and young toddlers was introduced in the project's third year. RIE's philosophy includes giving infants and toddlers the time, attention, and respect they need, and encouraging them to be explorers and self-learners. Appropriate adaptations and interventions are made based on each child's special needs.

For further information contact the Parent and Child Intervention Program, Ravenswood City School District, 2160 Euclid Ave., East Palo Alto, CA 94303.

PED Program, Los Angeles Unified School District

The Prenatally Exposed to Drugs (PED) Program began in 1987 and served children from age 3 through 7 who were found to have normal cognitive development with some area of developmental delay. The intervention pilot program was developed to determine if children prenatally exposed to alcohol and other drugs were at risk for a specific constellation of behavior and/or learning problems, and to develop effective strategies to promote successful cognitive, communicative, psychosocial, and motor development.

PED Program—

Interaction with children prenatally exposed to substances has led to the following Los Angeles PED Program findings —

- Children exhibit a wide variety of strengths and weaknesses with no specific pattern of difficulties.
- Children should be evaluated as individuals in a variety of settings.
- Children should be served according to their specific needs in the least restrictive setting.
- Children and their families should be included as equal participants in the development of strategies to support optimum emotional and academic growth.
- Children at risk need to be exposed to a developmentally appropriate curriculum with exploration, interaction, decision making and problem solving experiences.
- Children thrive in a supportive, nurturing environment.
- Children need a setting which allows continuity and reliability through routines and rituals.
- Children who are easily overstimulated or have self-regulatory difficulties fare better in a smaller class size with a higher adult to child ratio.

PED's pilot program continued until 1992, when findings necessitated changes in the program. Children are now evaluated and served according to specific needs in a variety of settings as opposed to being grouped together in one setting.

A manual of philosophy and successful strategies entitled *Today's Challenge: Teaching Strategies for Working with Young Children At Risk Due to Prenatal Substance Exposure* is available from the Los Angeles Unified School District for $5.

For further information on the PED Program contact Valerie Wallace, Los Angeles Unified School District, 450 No. Grand Avenue, Room H-120, Los Angeles, CA 90012; 213/625-6718.

Teaching Strategies for Young Children: Drug-Exposed and At Risk, Tampa, Florida

In response to the challenges created by the influx of substance-exposed children in the classroom, the public school system in Hillsborough County, Florida, developed a model teacher training program in collaboration with consultants from the University of South Florida and St. Petersburg's All Children's Hospital. The program provides teaching strategies and classroom techniques to kindergarten, prekindergarten, and special education teachers in the public school system who are working with young children who are drug-exposed and at risk.

With support in excess of $300,000 from the Robert Wood Johnson Foundation and under the management of the Hillsborough Education Foundation, this project has developed print and video training materials. A series of training sessions is being conducted both in Tampa and at selected sites to disseminate, nationwide, the model teaching training program. Trainers from around the country—each of whom will in turn be expected to train at least 25 teachers in their home communities—receive instruction in teaching strategies and classroom techniques for working with young children who are drug-exposed and at risk. This "train-the-trainer" approach is expected to reach 10,000 teachers during the two-year grant period. By June 1993, 373 trainers will be ready to work with educators in school districts throughout the nation.

An 18-hour training program, ***Teaching Strategies for Young Children: Drug-Exposed and At Risk*** is comprised of six, three-hour modules: (1) an overview of the child drug-exposed and at risk; (2) ways to structure the classroom environment; (3) developing schedules and routines for the class; (4) the teacher as a facilitator when working with an at risk population; (5) teaching social skills, organization, and building self-esteem; and (6) teaching language through motor skills. Participants spend time preparing materials to use in their classroom in five of the sessions.

The classroom techniques, materials, and activities taught in this course were designed for early childhood education. Some of the concepts and principles can be applied to children in primary or upper grades, or to children in other settings. Participants from older grade levels or noneducation settings who elect to take this course must be prepared to make adaptations of the techniques and materials. Nonclassroom participants, such as guidance counselors, resource teachers, administrators, and social workers, receive assistance during the course in ways that they can assist classroom teachers.

For this course to be most effective, the trainers attending should have extensive knowledge of the best educational practices for young children in mainstream settings, especially developmentally appropriate practices as advocated by the National Association for the Education of Young Children (NAEYC). In addition, trainers should have significant previous experience presenting information to a group of adults, and be comfortable and articulate in front of a group.

For further information contact Judith Hyde, Project Coordinator, *Teaching Strategies for Young Children: Drug-Exposed and At Risk*, 1202 East Palm Ave., Tampa, FL 33605; 813/273-7137.

National Association for Perinatal Addiction Research and Education, Chicago, Illinois

Although not a single program like the others featured in this section, NAPARE has conducted a study that may be of interest to educators of children at risk due to exposure to alcohol and other drugs. Education-related NAPARE projects and programs include:

NAPARE—

• ***The Developmental Follow-up Study.*** Funded in 1986, this is the longest running longitudinal study of children exposed in utero to cocaine and other drugs. The mothers of the 300 children now in the study were enrolled during pregnancy and their drug use patterns were tracked through the gestation. Neonatal outcomes were analyzed against the patterns of drug use. The children receive medical and developmental evaluations at regular intervals. With each visit, the mother or caregiver receives a progress report on the child. A child may be referred to a Head Start or other preschool program; those with deficits are referred to special education or other therapeutic services.

• **State Funded Prekindergarten for At-Risk Three- and Four-Year Old Children.** Most of the children enrolled in the program were not exposed prenatally to drugs, but have been exposed by living in environments where drugs are used. The mothers are in treatment at the Center. One special education and early childhood teacher and one early childhood teacher are provided by the City of Chicago Public Schools. NAPARE facilitated the establishment of the program and continues to oversee it. Methodologies developed for working with the children will be used in designing classroom strategies for preschool and school-age children affected by parental drug use.

• ***National Training Institute.*** NAPARE's clinical and research faculty provides 1-, 2-, or 3-day training, technical assistance, and inservice programs for communities, school systems, and service delivery programs through the United States. Curricula for professional training are designed to meet the needs of specific audiences or multidisciplinary teams.

For further information contact NAPARE at 200 North Michigan Avenue, Chicago, IL 60601; 312/ 541-1272.

"Almost 100% of these drug-exposed children test within normal range cognitively. They can be taught, and they can learn."

--included in the findings of a NAPARE study funded by the National Institute on Drug Abuse

Part of ***A Nation's Challenge: Educating Substance-Exposed Children, A National Teleconference for Educators and other Helping Professionals*** included the creation of a National Resource Group. All members of the National Resource Group have missions which address the comprehensive needs of children prenatally- or environmentally-exposed to alcohol and other drugs. The national and state resources featured here include members of the National Resource work group which helped to plan, market, and produce the national teleconference. (See the *Appendix B* for a complete list of the Teleconference National Resource Group.)

Center for Substance Abuse Prevention (CSAP, formerly OSAP) National Resource Center for the Prevention of Perinatal Abuse of Alcohol and Other Drugs

The CSAP National Resource Center offers training, technical assistance, and information dissemination on efforts to address and prevent the negative consequences of perinatal alcohol, tobacco and other drug abuse for professionals working in maternal and child health, alcohol, tobacco and other drug (ATOD) abuse and related fields. The CSAP National Resource Center service components include—

- ***Information and Referral (I&R) Services.*** Individuals and groups needing the latest information and resources on perinatal ATOD abuse prevention can access a telephone-based information and referral system, and speak directly with an information specialist by calling 800/354-8824 or 703/218-5600.

- ***The Perinatal Research Education and Management Information System (PREMIS)*** provides direct, on-line access via modem to extensive information on perinatal addiction prevention program strategies, current literature and research, experts in the field, and new funding sources through a variety of resource directories, and a card catalog database.

- ***The Community Team Training Institute (CTTI)*** is a 5 1/2-day training program that is followed by technical assistance to help local groups implement an action plan to prevent and counteract perinatal ATOD abuse.

The CSAP National Resource Center provides technical assistance to states, communities, professionals and policymakers to foster the development of innovative, effective perinatal addiction prevention and intervention strategies through on- and off-site work with experts and resource persons from the field.

For further information contact the CSAP National Resource Center, 9300 Lee Highway, Fairfax, VA 22031; 800/354-8824 or 703/218-5600.

Drug-Free Schools & Communities Regional Centers Program

The Drug-Free Schools & Communities Regional Centers Program is funded by the U. S. Department of Education to help schools and communities eliminate the use of alcohol and other drugs by young people. There are five Centers throughout the country, each with responsibility for specific states and territories. Staff at each regional center address the problems of alcohol and other drug use by:

- training school teams to assess their school's alcohol and other drug problems, and develop long-term ways of alleviating them;
- helping state educational agencies coordinate and strengthen alcohol and other drug abuse prevention policies and programs;
- assisting local educational agencies and institutions of higher education in developing training programs for personnel; and
- providing information on effective alcohol and other drug abuse prevention programs and strategies.

For further information on the Regional Centers, contact the Center serving your area:

Drug-Free Schools & Communities Regional Centers:

Northeast Regional Center for Drug-Free Schools & Communities
12 Overton Avenue
Sayville, NY 11782
(516) 589-7022
(Serves CT, DE, ME, MD, MA, NY, NH, NJ, NY, OH, PA, RI, VT)

Southeast Regional Center for Drug-Free Schools & Communities
Spencerian Office Plaza
University of Louisville
Louisville, KY 40292
(502) 588-0052
(800) 621-SERC (7372)
(Serves AL, DC, FL, GA, KY, NC, SC, TN, VA, WV, VI, PR)

Midwest Regional Center for Drug-Free Schools & Communities
1900 Spring Road
Oak Brook, IL 60521
(708) 571-4710
(Serves IN, IL, IA, MI, MN, MO, NE, ND, SD, WI)

Southwest Regional Center for Drug-Free Schools & Communities
The University of Oklahoma
555 Constitution Ave.
Norman, OK 73037
(405) 325-1454
(800) 234-7972 (outside OK)
(Serves AZ, AR, CO, KS, LA, MS, NM, OK, TX, UT)

Western Regional Center for Drug--Free Schools & Communities
101 S.W. Main St., Suite 500
Portland, OR 97204
(503) 275-9480
(800) 547-6339
(Serves AK, CA, HI, ID, MT, NV, OR, WA, WY, AS, GU, PW, MP)

The ***Western Regional Center*** serves nine states in the western United States, and offers a variety of information services related to assisting in the education of children who have been prenatally or environmentally exposed to alcohol and other drugs. Programs and materials for clients in their service area include—

• ***A Systemic Approach to Dealing with Fetal Alcohol and Other Drug-Affected Children in the Educational Setting (F.A.D.E.).*** This workshop helps participants understand the importance of identification, and the implementation of instructional and administrative strategies for dealing with children and youth who were prenatally exposed to alcohol or other drugs. The workshop is available in two formats: as a presentation, or as a two-day workshop. A trainer of trainers format is also negotiable.

• ***Fetal Effects of Maternal/Paternal Alcohol and Other Drug Use*** (August 1991). Forty-five recently published articles on the effects of maternal and paternal alcohol and other drug use on the fetus. Provides successful teaching strategies to use when working with substance-exposed children.

• ***Fostering Resiliency in Kids: Protective Factors*** (August 1991). Discusses protective factor research and its importance to the prevention field. A profile of the resilient child as well as an examination of the protective factors consistently found in the family, the school and the community arenas are provided.

For further information on Western Regional Center's Resource Center, contact Kathy Laws, 101 S. W. Main Street, Suite 500, Portland, OR 97204, 503/275-9486 or 800/547-5339.

Successful Classroom Environments . . .
*Programs that work**—

Teacher/Child Relationship

- Consistency (poor impulse control)
- Communicates in visually-descriptive verbiage with body language cues (audio processing deficit)
- Interactive: providing much supervision, encouragement (memory deficit)
- Patient with reteaching, positive with slow progress (slow cognitive pace)
- Flexible: using creative problem-solving (memory deficit inhibits ability to learn through only one method/approach)

Qualities of Environment

- Organized around a theme (distractibility)
- Consistency in use of experimentation (environmentally cued)
- Spacious: avoiding touching other students or the furniture (tactile defensiveness)

Qualities of Program

- Structured and routine-oriented (sequencing impairment)
- Generous use of manipulatives (stronger in concrete learning, need multisensory approach)

*From ***A Systemic Approach to Dealing with Fetal Alcohol & Other Drug Affected Children in the Educational Setting, Participant Resource Manual,*** Western Regional Center, 1992, Section 4, pg. 20. (Contributed by Sally Caldwell, Fairbanks, Alaska.)

Florida A & M University, Early Intervention Office

Established in January 1993, the Florida A & M University's Early Intervention Office administers grant projects that provide services to high-risk children, particularly those who have been prenatally or environmentally exposed to alcohol and other drugs. The programs administered encompass three components of service: direct services to children and their families; training and technical assistance to educators; and informational materials to school and community organizations.

Training and technical assistance is provided by the Early Intervention Office to schools and school districts throughout Florida. The Office offers educators special training to enhance their knowledge and skills in working with children from at-risk environments or those who are experiencing developmental difficulty or behavior problems.

Training to schools is provided by a cadre of trainers in topics including—

- Developmentally Appropriate Practices
- Authentic Assessment
- Classroom Management
- School and Classroom Environment
- Family-Centered Programs
- Parent Involvement
- Multi-age Grouping
- Inclusion Programs
- Transitions

A special training is available from the Early Intervention Office utilizing a comprehensive program entitled, *Florida's Challenge: A Guide to Educating Substance-Exposed Children* (for a description of this training program see pages 28 and 34).

Current research on high-risk children, particularly those that have been prenatally and environmentally exposed to alcohol and other drugs, is collected and available to educators and other individuals who work with school-age children.

Early research provides evidence that substance-exposed children can learn in a classroom environment designed to meet their particular needs. As teachers are trained to work with youth who have been prenatally or environmentally exposed to drugs, the social-emotional and intellectual development of these children will be facilitated. In coordination with other helping professionals working to serve drug-involved families, educators have the opportunity to significantly enhance the lives of these high-risk children.

Although this project focuses on schools throughout Florida, information and training are available to teams in other states.

For further information contact Nancy Fontaine, Director, 812 St. Michael Street, Tallahassee, FL 32301; 904/561-2565.

National Association for Perinatal Addiction Research and Education (NAPARE)

NAPARE members are a partnership of health care, education, social service, and child advocate professionals. The association provides education and leadership in the development of multidisciplinary programs for preventing and treating alcohol and drug use in order to enhance the outcome for the woman, her child and family.

Presently, NAPARE is developing a curriculum to train Head Start staff and parents in the areas of addiction and how addiction can affect the growth and development of the child and family. NAPARE has worked with the Chicago Public Schools Special Education Programs to develop a pilot prekindergarten program for children with intrauterine or environmental exposure to maternal alcohol and other drug abuse. The association's services and materials* include—

- ***What You Need to Know About Fetal Alcohol Syndrome.*** This publication explains and diagrams signs of fetal alcohol syndrome, discusses the dangers of drinking alcohol while pregnant or breast feeding, and the possible developmental delays in children with fetal alcohol syndrome and fetal alcohol effects. For both professionals and patients: 15 cents each for 1-24 copies.

- ***Guidelines for Adopting Drug-Exposed Infants and Children.*** This 12-page booklet offers an explanation of the risk factors in adoption, a checklist of essential information for adoptive parents, and comforting techniques for a drug-exposed infant. For prospective adoptive parents, social service professionals who work in adoption/foster care, physicians and attorneys; $3.25 each for up to 24 copies.

- ***Update*** is an 8-12 page quarterly newsletter sent to NAPARE members. Quantities may be available for distribution at meetings and training sessions; $1.25 per copy.

- Through ***Dialog Information Services***, NAPARE has access to hundreds of electronic databases covering a wide variety of subject areas. Business, academic affairs, health care, and legal issues are among the disciplines covered. Medline, PsycINFO, and Sociological Abstracts are examples of some of the most pertinent databases for NAPARE members.

- The ***Child Study Center*** provides clinical, developmental, and educational consultation and assessment to families, schools, and social service and health care professionals as they address developmental, learning or behavioral issues of children, especially children and adolescents exposed to alcohol or other drugs in utero or environmentally. Contact Eileen Ward, NAPARE's Child Study Center at (312) 541-1271 for further details.

** Note: These are nonmember prices. For membership information contact NAPARE.*

For further information contact Nancy Lodl, Information Specialist, 200 North Michigan Avenue, Chicago, IL 60601; 312/541-1272.

Prevention Center, Florida Department of Education

The Prevention Center in Florida's Department of Education assists schools and districts in providing Drug-Free Schools and Comprehensive School Health Education programs for Florida's youth. Established in 1987, the Prevention Center's mission is to promote healthy lifestyles among Florida's youth by providing leadership and services to 67 local districts, 5 university laboratory schools, educators, and other helping professionals.

The Prevention Center spearheaded a special initiative to assist educators working with children who have been prenatally or environmentally exposed to alcohol or other drugs. In 1988, the governor of Florida appointed a Cocaine Baby Committee to study the impact that high-risk mothers and infants have on the medical, criminal justice, education, and human service systems. The Department of Education played an active role in helping the committee develop recommendations for the Governor regarding substance-exposed children.

Prevention Center productions related to substance-exposed children include—

- ***Cocaine Babies: Florida's Substance-Exposed Children in the Classroom*** is a *Hot Topics* publication which provides educators with information and the most current research on effective strategies for working with substance-exposed children.

- ***Florida's Challenge: A Guide to Educating Substance-Exposed Children Videotape and Training Package*** is for school administrators, teachers, and student service providers. The video addresses four major topics: medical aspects, the home and school environment, the school and classroom environment, and behaviors and interventions. The video works together with a training manual and workbook in a comprehensive one-to-two-day training workshop, and is designed so that an individual teacher or caregiver can work through them independently if a formal training opportunity is not available.

- ***A Nation's Challenge: Educating Substance-Exposed Children Teleconference.*** Reaching approximately 20,000 viewers at 225 downlink sites throughout the U. S., the satellite teleconference combines elements of the ***Florida's Challenge*** training video with interviews and discussion with national experts who are working to address the issue of education for children affected by alcohol and other drug abuse. The teleconference video is currently being distributed by the U. S. Department of Education, Drug Planning and Outreach Office.

For further information contact the Prevention Center, Florida Department of Education, 414 Florida Education Center, Tallahassee, Florida 32399-0400; 904/488-6304.

Articles . . .

- Richard Barth, "Educational Implications of Prenatally Drug-Exposed Children," *Social Work in Education*, January 1991, vol. 13, no. 2, pp. 130-136.

- Yolanda Bellisimo, "Crack Babies: The Schools' New High-Risk Students," *Thrust*, January 1990, pp. 23-26.

- Adele M. Brodkin and Barry Zuckerman, M.D., "Are Crack Babies Doomed to School Failure?," *Instructor*, March 1992, p. 16.

- D. M. Burgess, and A. P. Streissguth, "Educating Students with Fetal Alcohol Syndrome or Fetal Alcohol Effects," *Pennsylvania Reporter*, 1990, vol. 22, no. 1, pp. 1-3.

- C. B. Burton, A. H. Haines, M. F. Hanline, M. McLean, and K. McCormick," Early Childhood Intervention and Education: The Urgency of Professional Unification," *Topics in Early Childhood Special Education*, 1992, vol. 11, no. 4, pp. 53-69.

- Susan Chira , "Crack Babies Turn Five, and Schools Brace," *New York Times*, 25 May 1990, p. A-1.

- Shirley Cohen and Christina Taharally, "Getting Ready for Young Children with Prenatal Drug Exposure," *Childhood Education*, Fall 1992, vol. 69, no. 1, pp. 5-8.

- Suzanne Daley, "Born on Crack and Coping with Kindergarten," *New York Times*, 7 February 1991, p. A-1.

- Nancy Fontaine, "Unveiling the Myths about Substance-Exposed Children," *Southeast Sun*, Winter 1993, p. 3. Also see, "Unveiling the Myths...Part II: Recommendations for Educators," Spring 1993, p. 3.

- Josephine Gittler and Dr. Merle McPherson, "Prenatal Substance Abuse," *Children Today*, July/August 1990, pp. 3-7.

- Lameece Atallah Gregorchik, "The Cocaine-Exposed Children Are Here," *Phi Delta Kappan*, May 1992, pp. 709-11.

- Jean Latz Griffin and Teresa Wiltz, "Schools Offer Hope for Cocaine Babies," *Chicago Tribune*, 1 December 1991, Sect. 1, p. 1.

- Dan R. Griffith, "Prenatal Exposure to Cocaine and Other Drugs: Developmental and Educational Prognoses," *Phi Delta Kappan*, September 1992, pp. 30-34.

- J. David Hawkins, Richard F. Catalano, and Janet Y. Miller, "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention," *Psychological Bulletin*, 1992, vol. 112, no. 1, pp. 64-105.

- J. Howard et al., "The Development of Young Children of Substance-Abusing Parents: Insights from Seven Years of Intervention and Research," *Zero to Three: Bulletin of the National Center for Clinical Infant Programs*, June 1989, pp. 8-12.

- Janice Hutchinson, "What Crack Does to Babies," *American Educator*, Spring 1991, pp. 31-32.

- Katharin A. Kelker, "Acquiring School Services for Drug-Addicted Children," *Education Digest*, March 1991, pp. 46-48.

- Diane Aiken Laderman, "Crack Babies: Ready or Not, Here They Come," *American Teacher*, November 1990, pp. 10-11, 16.

- S. Lesar, "Prenatal Cocaine Exposure: The Challenge to Education," *Infant-Toddler: The Transdisciplinary Journal*, 1992, vol. 2, pp. 37-52.

- National School Safety Center, "Special Issue on Drug-Exposed Babies," *School Safety*, Winter 1992. (4165 Thousand Oaks Blvd., Suite 290, Westlake Village, CA 91362; 805/373-9977).

- M. J. Noonan and L. McCormick, "A Naturalistic Curriculum Model for Early Intervention," *Infant-Toddler: The Transdisciplinary Journal*, 1992, vol. 2, pp. 147-159.

- Marilee C. Rist, " 'Crack Babies' in School," *Education Digest*, May 1990, pp. 30-33; and idem, "The Shadow Children: Preparing for the Arrival of Crack Babies in School," *Phi Delta Kappa Research Bulletin*, July 1990, pp. 1-6.

- L. J. Stevens and M. Price, "Meeting the Challenge of Educating Children at Risk," *Phi Delta Kappan*, September 1992, pp. 18-23.

- Rachelle Tyler, M.D., "Prenatal Drug Exposure: An Overview of Associated Problems and Intervention Strategies," *Phi Delta Kappan*, May 1992, pp. 705-8.

- Priscilla Van Tassel, "Schools Trying to Cope with 'Crack Babies', " *New York Times*, 5 January 1992, Sect. 12, p. 1.

- Debra Viadero, "New Research Finds Little Lasting Harm for 'Crack' Children," *Education Week*, 29 January 1992, p. 1.

Books . . .

- R. Cook, A. Tessier, and M. Klein, *Adapting Early Childhood Curricula for Children with Special Needs*, 1992, (Macmillan Publishing Co., 866 Third Ave., New York, NY 10022; 800/257-5755), ISBN # 0675-213568, $19.95.

- N. Curry and C. Johnson, *Beyond Self-Esteem: Developing a Genuine Sense of Human Value*, 1992, (National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036; 800/424-2460), $8.

- Elementary School Center, *Neither Damned Nor Doomed: Educating Children Prenatally Exposed To Drugs & Alcohol*, 1992, (Two East 103rd St., New York, NY 10029; 212/289-5929), nonmember price $25.

- J. David Hawkins, Richard Catalano, and Associates, *Communities that Care: Action for Drug Abuse Prevention*, 1992, (Jossey-Bass, 350 Sansome St., San Francisco, CA 94104; 415/433-1767), ISBN # 1-55542-471-6, $27.95 + $3 shipping for prepaid orders.

- B. Hicks, *Kids, Crack, and the Community: Reclaiming Drug-Exposed Infants and Children*, 1993, (National Professional Resources, Inc., 25 S. Regent St., Suite 693, Port Chester, NY 10573; 800/453-7461), $19.95 prepaid.

- C. Hohmann and W. Buckleitner, *K-3 Learning Environment*, 1992, (High/Scope Press, 600 N. River St., Ypsilanti, MI 48198; 313/485-2000), ISBN # 0-929816-39, $22. Offers information on the physical setting, daily schedule, and teacher-child interaction strategies.

- S. Meisels, *Developmental Screening in Early Childhood: A Guide*, 1992, (National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036; 800/424-2460), $4.50.

- Gertrude Morrow, *The Compassionate School: A Practical Guide to Educating Abused and Traumatized Children*, 1987, (Prentice-Hall, 800/947-7700), ISBN # 0131547429, $29.95.

- H. Parker, *The ADD Hyperactivity Handbook for Schools*, 1992, (Impact Publications, A.D.D. Warehouse, 300 NW 70th Ave., Suite 102, Plantation, FL 33317; 800/233-9273), $25 + $3.50 shipping.

- Avital Ronell, *Crack Wars*, 1991, (University of Nebraska Press, 901 N. 17th St., Lincoln, NE 68588-0520; 402/472-3584), $9.95.

- SouthEastern Regional Vision for Education, *Children Exposed to Drugs: Meeting Their Needs*, 1993, (SERVE, 345 S. Magnolia Dr., Suite D-23, Tallahassee, FL 32301; 800/352-6001, 904/922-2300), $7. The latest research- and classroom practice-based strategies for educating children who have been prenatally or environmentally exposed to cocaine, alcohol, or other drugs. A list of resource organizations is provided.

- Mary Bellis Waller, *Crack-Affected Children: A Teacher's Guide*, 1993, (Corwin Press, P. O. Box 2526, Newbury Park, CA 91319), $9.95 + $2 for shipping, or order from any bookstore. Distills the experiences of 63 teachers who discovered—by trial and error—what calms and controls behavior and helps children learn.

- S. Villarreal, L. McKinney, and M. Quackenbush, *Handle with Care: Helping Children Prenatally Exposed to Drugs and Alcohol*, 1992, (ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; 800/321-4407 or 408/438-4060), $17.95 + $2.69 shipping.

Reports/Transcripts . . .

- Robert L. DuPont, M.D., ed., *Crack Cocaine: A Challenge for Prevention*, 1991. A project of the Office for Substance Abuse Prevention OSAP, now CSAP, (distributed by NCADI, 11426-28 Rockville Pike, Rockville, MD 20852; 800/729-6686), free.

- "The Enemy Within: Crack Cocaine and America's Families," is a report prepared by the Committee on Ways and Means, U.S. House of Representatives, 12 June 1990.

- *Identifying the Needs of Drug-Affected Children*. A 1992 update on the 1990 Issue Forum presented by the Office for Substance Abuse Prevention (OSAP, now CSAP), distributed by NCADI, 11426-28 Rockville Pike, Rockville, MD 20852; 800/729-6686. Request OSAP Prevention Monograph #11.

- "Impact of Crack Cocaine on the Child Welfare System," Committee on Ways and Means hearing before the Subcommittee on Human Resources, U.S. House of Representatives, 3 April 1990.

- *Risk and Reality: The Educational Implications of Prenatal Exposure to Alcohol and Other Drugs*, U. S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, (Educational Development Center, Inc.). This monograph examines what is known about the prenatal, perinatal, and developmental effects of exposure to alcohol and other drugs as well as other risk factors which may amplify these effects, and suggests ways to help teachers and administrators provide children at risk with appropriate and effective educational experiences. Contact Laura Feig at the U.S. Department of Health and Human Services, 200 Independence Ave., NW, Rm. 404E, Washington, DC 20201; 202/690-6805.

- Shirley A. Jackson, *Educating Young Children Prenatally Exposed to Drugs and At Risk*, 1993, Office of Comprehensive School Health Education, U.S. Department of Education. (See description of this report in *State and National Resources* of this Guide.)

- "Prenatal Cocaine Exposure: The South Looks for Answers," a *SACUS Special Report*, available from the Southern Association on Children Under Six, P.O. Box 56130, Little Rock, AR 72215 $6 + $1 shipping.

- C. T. Ramey and S. L. Ramey, *At Risk Does Not Mean Doomed*, 1992, Occasional Paper #4, available from the National Health/Education Consortium, National Commisson to Prevent Infant Mortality, Switzer Bldg., Rm. 2014, 330 C Street, SW, Washington, DC 20201, $5.

Teaching Resources. . .

- Danni Odom-Winn and Dianne Dunagan, *"Crack Kids" in School— What to Do, How to Do It*. (Educational Activities Inc., P.O. Box 392, Freeport, NY 11520, 800/645-3739), $14.95 + $2 shipping (also offers bulk discounts).

Teaching Resources. . .

- *Fetal Alcohol Syndrome Facts and Choices, A Guide for Teachers.* (Wisconsin Clearinghouse, University of WI, P.O. Box 1468, Madison, WI 53701-1468; 800/ 322-1468), $41.95 (prepayment required for those ordering for the first time, or for orders under $50). A curriculum package.

- *Florida's Challenge: A Guide to Educating Substance-Exposed Children*, 1992. (Prevention Center, Florida Department of Education, 414 Florida Education Center, Tallahassee, FL 32399-0400, 904/488-6304). A training package for teachers and other professionals which includes a video and workbook to be used as part of a group training or by an individual.

- Raymond C. Collins and P. R. Anderson, *Head Start Substance Abuse Guide: A Resource Handbook for Head Start Grantees and Other Collaborating Community Programs.* (Head Start Bureau, P.O. Box 1182, Washington, DC 20213), single copies free, supply limited.

- Dorothy D. Johnson, *I Can't Sit Still: Educating and Affirming Inattentive and Hyperactive Children.* (ETR Associates, P.O. Box 1830, Santa Cruz, CA; 800/321-4407), $14.95 (prices due to change in September 1993).

- Atelia Melaville and Martin J. Blank, *What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.* (Family Resource Coalition, 200 S. Michigan Ave., Suite 1520, Chicago, IL 60604, 312/341-0900), $3.

- Project Healthy Choices—Safe Spaces. (Robin Ruhf, Project Healthy Choices—Safe Spaces, Bank Street College of Education, 610 W. 112th St., New York, NY 10025). A teacher training program for working with children exposed to drugs.

- *Teaching Strategies for Young Children Drug-Exposed and At Risk.* (Judith Hyde, Project Coordinator, Teaching Strategies, Hillsborough County Public Schools, 1202 E. Palm Ave., Tampa, FL 33605; 813/ 273-7137). A training program for educators and school district officials. The manual and video are available by taking the course.

- *Today's Challenge: Teaching Strategies for Working with Young Children At Risk Due to Prenatal Substance Exposure*, 1990. (Los Angeles Unified School District, Division of Special Education, 450 N. Grand Ave., Rm. H-120, Los Angeles, CA 90012; 213/625-6718), $5. A manual of philosophy and successful classroom strategies.

Newsletters . . .

- *The Clearinghouse for Drug Exposed Children Newsletter*, Division of Behavioral and Developmental Pediatrics, University of California, San Francisco, 400 Parnassus Ave., Rm. A203, San Francisco, CA 94143-0314; ph. 415/476-4575. Free.

- *FAS and Other Drugs Update*, a newsletter of information about fetal alcohol syndrome and the impact of drug addiction. (Published by the Illinois Prevention Resource Center, 822 S. College St., Springfield, IL 62704.)

• *Inclusion Times*, a quarterly newsletter edited by Daniel Sage, Professor Emeritus, Syracuse University, focuses on serving children and youth with disabilities in regular education and other inclusive learning environments. (National Professional Resources, Inc., P.O. Box 1479, Port Chester, NY 10573 800/453-7461.) Order by Sept. '93 for $19.95 yearly, regular price $29.95.

• *Iceberg* is an independent newsletter devoted to sharing information about fetal alcohol syndrome and fetal alcohol effects. (*Iceberg*, P.O. Box 4292, Seattle, WA 98104).

Toll Free Numbers . . .

• 1-800-COCAINE (262-2463) COCAINE HELP LINE. A round-the-clock information and referral service. Counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.

• 1-800-354-8824 CSAP NATIONAL RESOURCE CENTER INFORMATION AND REFERRAL SERVICES. An information specialist is available to callers to provide the latest information and resources on perinatal ATOD abuse prevention.

• 1-800-NCA-CALL (622-2255) NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE HOPE LINE. A national nonprofit organization working to combat alcoholism, other drug addictions, and related problems. Provides information about state and local affiliates' activities in their areas. Also provides referral services to families and individuals seeking help with an alcohol or other drug problem.

• 1-800-662-HELP-(4357) CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) REFERRAL HOTLINE. A confidential information and referral line that directs callers to cocaine abuse treatment centers in their local community.

• 1-800-788-2800 FEDERAL CLEARINGHOUSE NETWORK. Links callers to seven federal agencies concerned with alcohol and other drug problems. The toll-free service is a product of the Federal Drug, Alcohol, and Crime Clearinghouse Network.

• 1-800-658-3080 (Voice/TDD). The SOUTH DAKOTA UNIVERSITY AFFILIATED PROGRAM toll-free information line provides people access to information about autism, fetal alcohol syndrome, and other developmental disabilities. A Resource Center can be accessed through the information line.

Clearinghouses . . .

• *ERIC Clearinghouse on Elementary and Early Childhood Education*, University of Illinois, College of Education, 805 W. Pennsylvania Ave., Urbana, IL 61801; 217/333-1386.

• *National Clearinghouse on Alcohol and Drug Information* (NCADI), 11426-28 Rockville Pike, Rockville, MD 20852; 800/729-6686, 301/468-2600. Request placement on a mailing list for new publications. Has on hand most U. S. Department of Education publications. A catalog of current material is available. Single copies are free, and multiple copies are available in some instances. Spanish material is also available as well as audiovisual loan information.

• *National Information Center for Children and Youth with Disabilities*, P. O. Box 1492, Washington, DC 20013-1492. A clearinghouse with information on children with disabilities. Write to request a publications list.

Catalogues . . .

• *Hazelden Educational Materials*, P.O. Box 176, Center City, MN 55012-0176; 800/ 328-9000 (in Alaska or Hawaii call 612/ 257-4010). Offers a selection of videos, posters, audiocassettes, and publications for students, parents, and teachers.

• *Johnson Institute*, 205 Ohms Lane, Minneapolis, MN 55435; 800/231-5165, 612/831-1630. Provides a range of materials for parents, educators, children, and adolescents. A catalog, "Solutions to Alcohol and Other Drug Problems in Your School," for educators K-12 is available.

Videos . . .

• *Appropriate Guidance of Young Children* (28 mins.). National Association for the Education of Young Children, 1509 16th St., NW, Washington, DC 20036; 800/424-2460, $39.

• *Assessment and the Early Years* (21 mins.). Perennial Education, 930 Pitner Ave., Evanston, IL 60202; 800/323-9084, $345.

• *Cocaine's Children*. (9 mins.) The March of Dimes Birth Defects Foundation, Supply Div., 1275 Mamaroneck Ave., White Plains, NY 10605; 914/ 428-7100. $40 + $4 shipping.

• *Cocaine Kids: Their Problem is Our Problem*. (30 mins.) The Altshul Group, Professional Research, Inc., 1560 Sherman Avenue, Suite 100, Evanston, IL 60202; 800/421-2363. Teachers, researchers, social workers, and crack-addicted mothers share their experiences —the difficulty of teaching and coping with children exposed to cocaine. $249

• *Cocaine Kids Training Tape: New Strategies, New Solutions*. (23 mins.) The Altshul Group, Professional Research, Inc. 1560 Sherman Avenue, Suite 100, Evanston, IL 60202; 800/421-2363. Suggestions and methods for improving behavior and self-esteem for educators of children of cocaine. $249

• *A Nation's Challenge: Educating Substance-Exposed Children*. A teleconference produced by the Florida Department of Education's Prevention Center, and available on video through the National Audio-Visual Center, 8700 Edgeworth, Capitol Heights, MD 20743-3701; 800/788--6282; 301/763-1850

• *Neither Damned Nor Doomed: Teachers' Perspectives on Children Exposed to Drugs and Alcohol* (16 min.) The Elementary School Center, Two East 103rd St., New York, NY 10029; 212/289-5929. Narrated by actress Ruby Dee, $95 for nonmembers.

• *Play and Learning* (18 mins.). The National Association for the Education of Young Children, 1509 16th St., NW, Washington, DC 20036; 800/ 424-2460. A discussion with Barbara Biber. Why is play important? What do children learn when they play? $39.

• *Safe Spaces: Drug and Alcohol Prevention Education for Special Needs and Drug Exposed K-2 Children* (30 mins.). Project Healthy Choices, Bank Street College of Education, 610 W. 112 St., New York, NY 10025; 212/875-4526 or 4546. A staff development video training program with accompanying guide, $125.

• *What is FAS?* (24 mins.). Perennial Education, 1560 Sherman Avenue, Suite 100, Evanston, IL 60202; 800/323-9084, $345

Other resources . . .

• *Attention Deficit Disorder (A.D.D.) Warehouse*, 300 Northwest 70th Ave., Suite 102, Plantation, FL 33317; 800/233-9273. A free catalog is available.

▪ *CARING FOR CHILDREN 1-3 With Special Emphasis on At-Risk Children*, a flip chart designed for caregivers of substance-exposed children ages 1-3. Discusses specific behavior problems often encountered with these children and provides tips for preventing or dealing with those behaviors. The Interagency Office of Disability Prevention, 1317 Winewood Blvd., Tallahassee, FL 32399; $3 (make checks out to HRS/ State of Florida).

▪ *Denver Developmental Materials, Inc.*, P. O. Box 6919, Denver, CO 80206, 303/355-4729. Offers a home screening questionnaire designed to identify children who are at risk for developmental delay due to negative environmental influences.

▪ *Developmental Research and Programs, Inc.*, 130 Nickerson Street, Suite 107, Seattle, WA 98109; 800/736-2630. Offers *Communities That Care™*, a community risk-focused prevention training system. *Preparing for the Drug-Free Years*, a program to reduce the family risk factors for drug abuse and strengthen family bonds is also offered.

▪ *Early Childhood Research Institute on Substance Abuse*, 1614 Washington Blvd., Kansas City, KS 66102; 913/321-3143. A consortium project of Juniper Gardens Children's Project, University of Kansas. Develops, field tests, and evaluates interventions for infants, toddlers, and preschool children who are developmentally delayed, at risk for developmental delay, or disabled because of maternal use of alcohol and/or other drugs during pregnancy.

▪ *Education Development Center, Inc.*, 55 Chapel St., Newton, MA 02160; 800/ 225-4276 or 617/969-7100. A nonprofit educational research and development organization. EDC received funding to create manuals and videotapes on drug-exposed children for Head Start, elementary school administrators, and teachers.

▪ *Early Recognition Intervention Network (ERIN)*, 376 Bridge Street, Dedham, MA 02026; 617/329-5529. Offers a range of training services and self-study material and resources. ERIN has a participation curriculum emphasizing self-organization and social skills which is used with substance-exposed children.

▪ *Fetal Alcohol Syndrome/ Drug Effects Clinical Program*, 9450 SW Barnes Rd., Suite 220, Portland, OR 97225; 503/292-2259. Provides consultation, program development, lecture/ workshop/continuing education, and offers information on parenting children with FAS/FAE.

▪ *Florida Alcohol and Drug Abuse Association (FADAA)*, 1030 E. Lafayette St., Suite 100, Tallahassee, FL 32301; 904/ 878-2196. Serves as the state's RADAR Network Center. Provides general drug prevention, intervention and treatment, and distributes free materials upon request. Operates a video and book lending library and retail bookstore.

▪ *High/Scope Educational Research Foundation*, 600 N. River St., Ypsilanti, MI 48198; 313/485-2000. Research, teacher training, and curriculum materials are published by High/Scope Press. Offers a for pay tutor program on a sliding fee scale.

▪ *Learning Disabilities Association of Washington*, 17530 NE Union Hill Rd., Suite 100, Redmond, WA 98052; 206/882-0792. Provides free information and referral on learning disabilities and attention deficit disorder. Holds conferences and workshops.

▪ *March of Dimes*, 1275 Mamaroneck Ave., White Plains, NY 10605; 914/ 428-7100. Offers public health education materials. Single copies free.

▪ *National Association for the Education of Young Children*, 1509 16th Street, NW, Washington, DC 20036-1426; 800/424-2460 or 202/232-8777. A membership organization for early childhood professionals. NAEYC collects information on national issues affecting early childhood programs, and also provides personalized resource information. A resources catalog is available.

- *National Organization on Fetal Alcohol Syndrome*, 1815 H St. NW, Suite 750, Washington, DC 20006; 202/785-4585. Promotes awareness on FAS/FAE. Provides free fact sheets, newsletters, and brochures in Spanish and English. A stamped envelope helps to defray costs.

- *Northwest Neonatology Developmental Follow-up Program*, 35 W 8th St., Maria House, Suite 440, Spokane, WA 99204; 509/ 456-6556. Developmental evaluations of infants and toddlers at risk for problems such as drug exposure.

- *Prevention Pipeline*, NCADI, Department PP, P. O. Box 2345, Rockville, MD 20847-2345. New developments in the prevention field are offered in this bimonthly information service developed by the Center for Substance Abuse Prevention (CSAP, formerly OSAP). Included are abstracts of key research findings, reprints of articles of topical interest, and descriptions of new audiovisual and print materials.

The U. S. Department of Education, State and Local Programs, provides each state educational agency and Governor's office with funds for alcohol, tobacco, and drug education and prevention programs in local schools and communities. For further information contact the U.S. Department of Education, Drug-Free Schools (DFS), 400 Maryland Avenue, SW, Washington, DC 20202-6151.

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